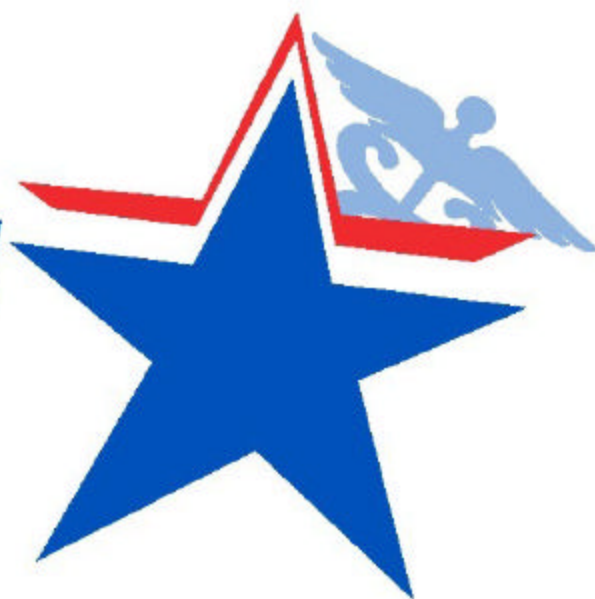


*medical  
reserve  
corps*



# *A Guide for Local Leaders*

A Component of the Citizen★Corps of the USA   
Freedom Corps



## MEDICAL RESERVE CORPS - A GUIDE FOR LOCAL LEADERS

**Citizen Corps**  
USA Freedom Corps

Dear Fellow Citizen:

The first response to any disaster is a local response. That has never been more true than at this moment in our nation's history.

Our nation changed forever on September 11, 2001. But the thousands upon thousands of volunteers who so selflessly helped others during this national tragedy inspired others to do the same.

Many of this nation's most respected organizations were ready to serve. And so many more people asked, "What can I do?"

President George W. Bush created the USA Freedom Corps to foster a culture of service, citizenship and responsibility. This effort builds on the outpouring of support in the days following September 11. The President has asked all Americans to make a lifetime commitment of at least two years to serving their neighbors and their nation.

The Medical Reserve Corps is one way in which health professionals can volunteer to strengthen both our communities and our nation. Medical Reserve Corps units will be locally-based health volunteers who can assist their own communities during large-scale emergencies, such as an influenza epidemic, a chemical spill, or an act of terrorism. Medical Reserve Corps volunteers also can work together to improve the overall health and well being of their neighborhoods and communities through education and prevention.

Local officials will develop their own Medical Reserve Corps units, because local officials best know their individual community needs.

Working together, we will strengthen our communities and, in turn, strengthen our nation.

Sincerely,

Tommy G. Thompson

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## PREFACE

In the wake of the September 11, 2001 terrorist attacks, thousands of Americans responded by volunteering their talents and skills to help others. Many more Americans asked, "What can I do to help?"

During his 2002 State of the Union address, President George W. Bush called on all Americans to make a lifetime commitment of at least 4,000 hours - the equivalent of two years of their lives - to serve their communities, the nation and the world. President Bush created the USA Freedom Corps to help Americans answer his call to service and to foster a culture of service, citizenship and responsibility.

Citizen Corps is the component of USA Freedom Corps that creates local opportunities for individuals to volunteer to help their communities prepare for and respond to emergencies by bringing together local leaders, citizen volunteers and the network of first responder organizations, such as fire departments, police departments and emergency medical personnel. Many existing volunteer organizations are working with mayors, county executives, and others to establish strong local Citizen Corps Councils in order to enhance voluntary services. Currently, three federal agencies administer five national level programs that form the basis of the Citizen Corps. More information about the Citizen Corps programs can be obtained at [www.citizencorps.gov](http://www.citizencorps.gov) or [www.usafreedomcorps.gov](http://www.usafreedomcorps.gov).

The Medical Reserve Corps is the component of the Citizen Corps that will bring together local health professionals and others with relevant health related skills to volunteer in their community. These volunteers will assist local, existing community emergency medical response systems as well as provide a group of readily trained and available resources to help a community deal with pressing public health needs and improvements. Citizen Corps Councils and Medical Reserve Corps units will vary from community to community, depending on each community's needs and the decisions made by the community's leadership and its citizens. The initiatives in all communities share the common goal of engaging volunteers in helping their communities prevent, prepare for and respond to crime, disasters, pressing public health needs and emergencies of all kinds.

## MEDICAL RESERVE CORPS - EXECUTIVE SUMMARY

**The Medical Reserve Corps (MRC)** is the component of the Citizen Corps that is organizing local volunteers to assist regular medical response professionals and facilities during a large-scale local emergency (e.g., influenza epidemic or hazardous materials spill). Health professionals (current, retired or otherwise-employed) and others with relevant skills are being offered the opportunity to volunteer their time and skills within a planned, organized and coordinated local Medical Reserve Corps unit during times of emergency. Medical Reserve Corps volunteers can also serve a vital role by assisting their communities with ongoing public health needs (e.g., immunizations, health and nutrition education, and volunteering in community health centers and local hospitals).

By design, all Medical Reserve Corps units are local. The MRC initiative is built on the concept that communities can help themselves by organizing volunteer resources from within.

The role of the federal government, through the U.S. Department of Health and Human Services (HHS), is to help empower local communities to plan, establish and effectively utilize a local MRC unit. HHS will maintain a list of registered MRC units and grant permission to use the MRC logo.

The planning and establishment of a Medical Reserve Corps unit requires that a local organization take the initiative, in cooperation with other key local leaders, to establish a local MRC unit. Who the leaders are depends on the size of the community and what institutions and organizations are present.

Any number of organizations can take the lead within a community to plan and establish a local MRC unit. The following are examples of such organizations:

- ! A community-based Citizen Corps Council working with local government organizations
- ! A community or county department of health
- ! A community or county department of emergency management and response
- ! A community-based non-governmental, non-profit organization
- ! A community or county planning agency
- ! A community-based hospital or consortium of hospitals
- ! A community fire department
- ! A community-based academic institution
- ! A state agency, if the state is establishing the unit within a specific jurisdiction and there are local organizers and members

The initiation of the formal process to establish a local MRC unit generally begins with the convening of a meeting at which multiple local stakeholders are invited to participate and to consider how they could be a part of the local initiative. Stakeholders would include organizations such as those identified above, faith-based groups, schools, any government health facilities located in the community/county (e.g., VA hospital or clinic) and others (e.g., local media). It is important to include community leaders, such as the mayor, city manager, county executive, etc.

How a local MRC unit is utilized will be decided locally. If an emergency situation arises that indicates the need for a local MRC unit to play a role, the decision to activate the MRC unit will be made locally. The MRC unit will decide, preferably in cooperation with appropriate local officials,

if and when to activate its members to work to improve public health in the community.

The anticipated scope of operations of an MRC unit should be addressed in writing in its basic planning documents.

It is important that the planners of an MRC unit build into its processes and procedures the concepts of partnership, coordination and inclusion of other key players (e.g., local non-governmental organizations and local authorities).

If a Citizen Corps Council has been or will be established in a community, it would be important for the planners and leaders of the MRC unit to develop an appropriate relationship with the Citizen Corps Council. The head of the MRC unit should serve on the local Citizen Corps Council.

The purposes of a local Medical Reserve Corps unit are to:

- ! Draw health professionals into volunteer service
- ! Create a framework to match volunteers' skills with their community's needs
- ! Train health professionals to respond better to the needs of individual communities, thereby enhancing local emergency response efforts
- ! Provide reserve capacity at the community level to respond to local health needs and priorities

Medical Reserve Corps volunteers may include, but are not limited to:

- ! Public health professionals
- ! Practicing, retired or otherwise employed health professionals, such as doctors, nurses, emergency medical technicians, pharmacists, nurses' assistants, and others

In addition to enhancing preparedness to respond to a large-scale local emergency, the Medical Reserve Corps creates an opportunity for federal, state and local governments, non-government organizations, businesses, faith-based groups and other organizations to come together to promote and improve a local community's health and well being throughout the year.

All members of a community are encouraged to volunteer in a manner that is appropriate to their skills and training. For example, while doctors and nurses may provide direct care during an emergency, persons with no health experience can assist with administrative and other essential support functions.

United States citizenship is not required to be part of a Medical Reserve Corps unit. Non-citizens who legally live in the United States are welcome to volunteer and contribute their time, knowledge and skills to protect and improve the communities in which they live.

Being prepared to handle an emergency is a challenge for any community. But when a community is truly prepared, its residents will be able to mobilize quickly to minimize disability, death and emotional trauma resulting from an emergency.



## **THE MEDICAL RESERVE CORPS**

### *The first response to any emergency begins locally*

#### **OVERVIEW**

A Medical Reserve Corps unit is a community-based, organized group of volunteers who can serve during a local emergency health situation and assist with local public health needs. Volunteers should have the appropriate health care experience and training in order to work together effectively as a team.

#### **BENEFITS TO YOUR COMMUNITY**

Major local emergencies can overwhelm the capability of first responders, especially during the first 12 to 72 hours. Having citizens who are prepared to take care of themselves, their families and others during times of crisis will allow first-responders to focus their efforts on the most critical, life-threatening situations.

An organized, well-trained MRC unit means that volunteers can effectively respond to an emergency, are familiar with their community's response plan, know what materials are available for their use, know who their partners in the response are, and know where their skills can be utilized to their best advantage and in a coordinated manner.

The local Medical Reserve Corps unit is a valuable asset for helping address public health concerns in a community throughout the year.

Examples of activities might include:

- ! Childhood immunization campaigns
- ! Influenza shot campaigns
- ! Health education, including nutrition and physical fitness for youth groups, faith-based groups and the elderly
- ! Support to existing local public service organizations

#### **AN ORGANIZED TEAM APPROACH**

During an emergency, a local government will activate its local emergency operation plan. These local plans define how the emergency personnel (fire, law enforcement, emergency medical) will respond to and manage the emergency. Spontaneous volunteers may hinder rescue efforts because they may not be familiar with local plans or procedures.

By creating a Medical Reserve Corps unit that is linked to a local government's emergency operations plan, the members of the MRC unit can truly benefit the community by knowing what their role is during an emergency, how they fit into the local emergency plan, and how to best respond so that they are a positive support structure for the first responders.

#### **CITIZEN CORPS COUNCILS**

Many communities, in response to the President's call, are establishing Citizen Corps Councils under the overall umbrella of the Citizen Corps, a part of the USA Freedom Corps. As noted earlier, the Medical Reserve Corps is one of five initial components of the Citizen Corps.

A community may decide that it would like its Citizen Corps Council to play an oversight and general guidance role for the local MRC unit. This should be a local decision, taking into account local circumstances. It is not a requirement that MRC units report to a Citizen Corps Council. However, there should be an identified local government office or department to which the MRC unit has some level of accountability, whether this is through the Citizen Corps Council or directly.

## **CONSIDERATIONS FOR PLANNING AN MRC UNIT**

A community's geographic vulnerabilities (e.g., earthquake zone, coastal lowland area, presence of a large chemical or nuclear plant) will influence local decisions about MRC unit needs. Local officials should think broadly about what the community will require of a Medical Reserve Corps, taking into account existing health and related resources and their current organization.

Planners of an MRC unit should talk with community leaders (e.g., the local government, civic organizations, health professions organizations, citizen groups, etc.) about public health needs and gaps that members of an MRC unit could fill. An important principle for such planning is that an MRC unit should not replace or displace existing resources and capabilities; it is only a supplement to existing ones.

A municipality that already has a Metropolitan Medical Response System – a large-scale emergency response system – may use its Medical Reserve Corps unit differently than communities without such a system.

Also, some communities may have a Disaster Medical Assistance Team (DMAT). Creating an MRC unit will not conflict with or supplant the DMAT. The DMAT is meant to be a mobile health care asset. DMATs are most often used for Federally declared disasters far from their base community. An MRC unit would remain a local group of volunteers that assist their own community both during emergencies and with ongoing public health initiatives.

## GETTING STARTED

### THE ROLE OF THE MEDICAL RESERVE CORPS

The role of a local Medical Reserve Corps (MRC) unit will depend on the individual needs of the community. There is no “right” model for all communities.

The community-based volunteer MRC units are intended to supplement existing community emergency medical response systems as well as contribute to meeting the public health needs of the community throughout the year.

All states and localities have established emergency operating plans and procedures. These may vary in completeness or complexity, but generally there is a procedure in place that the first responder community and local leaders follow. MRC volunteers may be able to fill gaps in expertise or to provide support to health care officials and existing facilities.

During emergencies, MRC volunteers may also provide an important “surge” capability to perform some functions usually performed by emergency health staff who have been mobilized. They can also augment medical and support staff shortages at local medical or emergency facilities.

MRC volunteers are also a good resource for helping a community plan its response to numerous health related situations. They can assist with developing plans for vector control, animal care during disasters, distribution of pharmaceuticals, and provide numerous tasks to help a community deal with public health issues when there is a shortage of regular health care providers or health care support staff.

### RISKS AND VULNERABILITIES

Each community has its own unique needs. Local communities should carefully consider their local needs as

they plan a Medical Reserve Corps unit.

Examples of local considerations include:

- ! Public health issues, such as a low rate of influenza or childhood immunizations, and/or high rates of heart disease or cancers
- ! Geographic and environmental factors, such as location near an ocean or large body of water, fault zone, mountains or desert
- ! Weather patterns, including tornadoes, hurricanes, drought or flood zones
- ! Proximity of potentially hazardous industries, including chemical plants, nuclear power stations or mining sites
- ! Location of dams, bridges and other vulnerable structures

### PLANNING A MEDICAL RESERVE CORPS UNIT

Local planners should consider the following questions as they prepare to form a Medical Reserve Corps unit. This list is not meant to be complete, but does provide the outline of factors that should be considered prior to forming an MRC unit.

- ! What is the relationship between the MRC unit and local government entities?
- ! What are the roles of various local institutions—hospitals, schools, places of worship, and workplaces in the event of an emergency?
- ! What would be the best organizational structure, including lines of command and accountability?

- ! Does our community have potential volunteers available, or should we join forces with a nearby town or city?
- ! What equipment is needed?
- ! How can the community supply and support volunteers during an emergency (e.g., food, water, transportation, clothing, shelter)?
- ! Who can be enlisted to undertake a review of liability and legal issues (e.g., a local law firm, legal counsel in the Mayor's office or local bar association)?
- ! Who will lead the Medical Reserve Corps unit?
- ! Once organized, how can the Medical Reserve Corps unit best maintain its readiness?
- ! How will volunteers be assigned during an emergency?
- ! What are the community's existing resources, including volunteers, organizations and institutions that currently address public health and emergency response needs?
- ! What is the relationship between the existing health organizations and MRC volunteers?
- ! How can we build upon already-existing emergency plans?
- ! What are the roles of various local institutions--hospitals, schools, places of worship, and workplaces--in the event of an emergency?
- ! What are my community's risks and vulnerabilities (e.g., floods, tornadoes, hurricanes, presence of chemical or nuclear industry)?
- ! How can the Medical Reserve Corps unit be sure to address any special

needs, such as those of elderly persons, children and persons with disabilities?

- ! Will interpreter services be needed?
- ! How can the Medical Reserve Corps unit contribute to the overall health and well-being of the community?
- ! How can volunteers be used in public hospitals, community health centers or otherwise to meet local health needs and priorities when there is not an emergency?
- ! What organizations can help the community develop a Medical Reserve Corps unit?
- ! How can we recruit volunteers and raise public awareness about the Medical Reserve Corps unit?
- ! What specific training is needed and who will provide it?
- ! What training resources are available or needed?
- ! What procedures will be put in place to protect volunteers?
- ! How will the community raise the money to purchase additional equipment, training and supplies?

## **FUNDING**

Volunteer time is generally uncompensated. However, volunteers do need supplies and other support, including:

- ! Education and training
- ! Protective equipment and clothing
- ! Supplies (gloves, syringes, splints, etc.)
- ! Food and shelter
- ! Communication equipment (cell phones, computers, etc.)

In federal Fiscal Year 2002, the Department of Health and Human Services awarded \$2 million in small grants of up to \$50,000 to technically approved eligible applicants to assist in planning and establishing local Medical Reserve Corps units.

Future opportunities to apply for a grant will be announced in the Federal Register as well as on the Medical Reserve Corps Web site([www.medicalreservecorps.gov](http://www.medicalreservecorps.gov)).

## **REGISTRATION**

As soon as you have a designated Medical Reserve Corps unit in your community, please log on to [www.medicalreservecorps.gov](http://www.medicalreservecorps.gov) and provide your MRC unit contact information by clicking on the registration link. Your MRC unit will also need to seek and obtain permission to use the MRC logo. Instructions for doing so will be provided on the Web site.

## VOLUNTEER STANDARDS

All Medical Reserve Corps volunteers must have appropriate education, training and experience. All members of an MRC unit do not need the same education and training, although there are some common elements.

When recruiting for an MRC unit, volunteers must be asked to show proof of their qualifications, including education and work experience, diplomas, current or past certifications and licensure. This requirement includes those volunteers who perform numerous functions that do not involve direct patient/victim medical care.

At a minimum, it is recommended that Medical Reserve Corps members have the following current skills:

! Basic Life Support and Cardiopulmonary Resuscitation (CPR), consistent with the standards of the American Heart Association, American Red Cross or another recognized organization

! Basic first aid skills to deal with shock, allergic reactions, bleeding, broken bones, burns, chemical splashes, choking, eye injuries, skin wounds, dislocations, head trauma, heat exhaustion and stroke, poisoning, etc.

MRC unit leaders should have a training plan for ensuring that volunteers who are accepted receive the training described above. The skills listed below are strongly encouraged for inclusion in an MRC unit. Not all members of the unit may need each of these skills. There should be a balance of skills in order to achieve the maximum possible effectiveness of the MRC unit as a whole.

! Disaster response planning

! Knowledge of local, regional and statewide emergency response capabilities

! Knowledge of the mechanics of Disaster Medical Assistance Teams (DMAT) and epidemiological surveillance teams (definitions are in the appendix)

! Knowledge of working relationships between medical emergency teams and law enforcement personnel

! Basic triage of emergency patients

! Advanced Cardiac Life Support

! Pediatric Advanced Life Support

! Advanced Trauma Life Support

! Basic burn care

! Knowledge about mental health issues that are likely to arise

! Knowledge of decontamination

! Recognition of clinical manifestations of infectious diseases

! Knowledge of quarantine procedures and quarantine facilities

! Experience with routine emergency equipment

! Knowledge of hazardous materials

! Experience with communication systems and technology

! Basic confined space medicine

! Basic medical care in an austere environment

! Basic knowledge of the management

of the consequences of biological and chemical weapons use

! Cultural competence

Volunteers should have practical experience through practice scenarios or actual events. Practice exercises are important, not only to maintain readiness, but to learn how to avoid mistakes when an actual emergency occurs. Moreover, regular practice events help to build individual volunteer commitment to the MRC unit.

### WHO CAN VOLUNTEER?

Volunteers can be active, inactive and/or retired health professionals, students in the health professions, and others.

Volunteers can include (but are not limited to):

- ! Physicians (M.D. and osteopathic)
- ! Nurses (registered nurses, nurse practitioners)
- ! Dentists and dental assistants
- ! Mental health practitioners
- ! Veterinarians
- ! Epidemiologists
- ! Pharmacists
- ! Physician Assistants
- ! Public health advisors/experts
- ! Health educators/communicators
- ! Public relations experts
- ! Health care administrators
- ! Technicians (including pharmacy, radiology, dental)
- ! Licensed practical nurses and nursing assistants
- ! Former military personnel who had medical/health training and experience while in the service
- ! Trained health interpreters
- ! Microbiologists
- ! Laboratory technicians
- ! Nutritionists
- ! Environmental Engineers
- ! Environmental health specialists
- ! Industrial hygienists
- ! Psychologists
- ! Substance abuse counselors

- ! Health information/medical records specialists
- ! Medical equipment experts
- ! Toxicologists
- ! Social workers
- ! Medical supply experts
- ! Occupational and physical therapists
- ! Clergy

In addition, persons who do not have health experience may volunteer to provide basic support services, such as fund-raising, volunteer management, information management and communications.

### IDENTIFICATION

The leadership of an MRC unit should ensure that carefully controlled individual photo-ID badges are prepared and issued for each volunteer. The badges should clearly identify the volunteer's area of expertise and how and where the volunteer is authorized to serve. This is important, not only for management efficiency, but also for security reasons.

### VOLUNTEER ASSIGNMENTS

Assigning volunteers in advance of emergencies and public health activities (e.g., community-wide flu immunizations) will ensure that the right volunteers with the right skills are at the right place at the right time when needed.

For example, former military health corps members, physician assistants and nurse practitioners may be able to triage victims to facilitate rapid referral to backup health facilities. Pharmacists and pharmacy assistants could be pre-assigned to deal with shipments from the National Pharmaceutical Stockpile. MRC trained volunteers could be pre-assigned to assist with hospital evacuation and/or establishing temporary treatment sites. Veterinarians could be pre-assigned to deal with injured and dead animals. All of these and many other needs would be addressed with others responsible for emergency and public health response in the community.

## MANAGING A LOCAL MEDICAL RESERVE CORPS

The medical/clinical practice functions of the Medical Reserve Corps must be consistent with state laws. In most states this requires that medical/clinical functions be under the overall supervision of a physician. It is recognized, however, that local assets, including physician availability, vary from community to community. Innovative approaches may need to be employed to fulfill state legal requirements.

If several volunteers have similar professional skills (e.g., dentists, pediatricians, orthopedists, critical care nurses, surgeons, etc.), consideration should probably be given to designation of leaders or coordinators for such groups.

A Medical Reserve Corps unit must work in close cooperation with the city and/or county health officer, the emergency response official, the fire department and emergency leaders because of their ongoing responsibilities and specific expertise. In addition, volunteer attorneys could provide legal advice and volunteer accountants could help manage finances.

### **CHAIN-OF-COMMAND, ACCOUNTABILITY AND REPORTING**

The Medical Reserve Corps should have a clear chain-of-command. Additionally, there must be mechanisms for accountability within the community to an appropriate local government entity, such as the Department of Health and/or an emergency management office. The decisions regarding the chain-of-command and reporting channels should be made locally, taking into account existing systems.

Administrative management is critical to the success and effectiveness of a local Medical Reserve Corps unit.

Administrative management tasks are an integral part of volunteer recruitment, training, communications, activation, operations and evaluation.

Administrative management tasks include, but may not be limited to, accounting for funds; maintenance of the roster of volunteers; issuance of identification badges; organization of meetings and preparation of related documentation; maintaining MRC unit records, including incident reports; maintenance of an equipment inventory; routine communications with volunteers and others. These tasks can be performed by individuals who are not health professionals.

The MRC unit leadership should maintain volunteer rosters, records of decisions, and reports on activities and actions. Local AmeriCorps or Senior Corps volunteers may be able to assist communities with these tasks.

There is no single leadership and management model for a Medical Reserve Corps unit. The organization and size of the group will depend on the community's size, the number of volunteers, the community's identified vulnerabilities and the community's health needs and priorities.

### **DEVELOPING AN ACTION PLAN**

A key function of the Medical Reserve Corps unit and its leadership is planning. The MRC unit plan for emergencies should complement and be an integral part of the local community's existing emergency response plan.

Basic components of an action plan could include the following:

- ! A risk/vulnerability assessment of the local community



- ! The structure of the current community and state emergency response system
- ! The organization chart of the Medical Reserve Corps unit and its chain-of-command
- ! A comprehensive list of volunteers and their areas of expertise
- ! An inventory of available supplies and equipment, their location and how to obtain access
- ! A list of key community leaders and organizations, including comprehensive contact information
- ! A training plan for upgrading the capability and capacity of the local Medical Reserve Corps unit
- ! A clear plan for when and how to activate the local Medical Reserve Corps unit, including those individuals with the authority to activate.

During times of emergency, a local official would most likely trigger the emergency operation plan. The members of the MRC unit may be called upon to work with their community's chief health officer or the principal official designated to activate and manage the emergency response effort. The community's emergency operation plan should describe the role of the MRC unit and how the volunteers will assist with the response.

These individuals and/or organizations would follow the locally-established chain-of-command and reporting system.

- ! An operations strategy that includes but is not necessarily limited to the following:
  - T Medical triage plans

- T Medical evacuation plans, including backup referrals to other health facilities
- T Alternatives for additional bed capacity, including staffing
- T Quarantine plans
- T Decontamination plans
- T Plans for preserving evidence

- ! A plan for transporting staff and injured persons, including alternate transportation routes and alternatives to ambulances
- ! A comprehensive communications plan that includes a backup plan (including both a unified communication system and redundant systems, such as ham radio operators)
- ! An outline of the local community's priorities to strengthen its public health infrastructure and to use the Medical Reserve Corps unit(s) to achieve those goals
- ! A plan for evaluating the success of the local Medical Reserve Corps unit

## **MANAGEMENT STRUCTURE**

A local Medical Reserve Corps unit should have a core leadership and management structure to function effectively.

The following are suggested core personnel/capabilities for a local Medical Reserve Corps unit:

- ! Director or Commander
- ! Supervisory Physician
- ! Supervisory Nurse
- ! Supervisory Pharmacist
- ! Public Health Advisor
- ! Mental Health Advisor
- ! Deputy or Assistant Director/Commander
- ! Business Manager

- ! Supply and Logistics Manager
- ! Communications Director
- ! Volunteer Recruiter/Coordinator
- ! Training Director
- ! Chaplain Coordinator
- ! Legal Counsel
- ! Financial Counselor

### **LOCAL RESOURCES**

A local Medical Reserve Corps unit must have an inventory of existing resources (including relevant organizations, people, supplies and facilities) that may be available in an emergency.

The Mayor or city manager's office may be a good initial contact point to locate such an inventory. If there is no inventory, the MRC unit planners should support the development of one.

### **NON-GOVERNMENT ORGANIZATIONS**

If local leaders are interested in establishing a local Medical Reserve Corps unit, it is recommended that they work with non-governmental organizations to help carry forward the effort.

Non-governmental organizations usually play important and trusted roles in a community and can provide vital support to a Medical Reserve Corps unit. They usually have a broad range of experience, including emergency response, organizing volunteers, planning events and fund-raising.

The following are examples of non-governmental organizations:

- ! Humanitarian organizations, such as the local chapters of the American Red Cross
- ! Civic Organizations
- ! Health professions organizations, such as the

American Medical Association and the American Nurses Association

- ! Faith-based organizations such as the Salvation Army
- ! Veterans' organizations
- ! Local health facilities, including government hospitals (e.g., VA), community health centers, nursing homes and assisted living facilities
- ! Schools, universities and community colleges
- ! Businesses, such as pharmacies, transportation facilities, health supply companies, restaurants, food suppliers, and printing companies
- ! Media outlets, such as local newspapers, TV and radio stations

### **EVALUATION**

Local officials should develop targets and milestones against which to measure progress on an ongoing basis. Examples might include completion and maintenance of key guidance documents for the MRC unit, such as the unit's scope of operations and operational procedures; volunteer recruitment goals; training goals; partnership building goals; table-top and field exercise goals.

Medical Reserve Corps units should keep a record of activity, including lessons learned, following each exercise drill, and deployment.

These experiences can be shared through the communication network being established by the Department of Health and Human Services, Office of the Surgeon General, and through the Medical Reserve Corps Web site at: [www.medicalresvecorps.gov](http://www.medicalresvecorps.gov).

## LEGAL CONSIDERATIONS

### LICENSURE AND CERTIFICATION

Licensure and certification are important issues for volunteer health professionals, not only for quality assurance but also to ensure compliance with state laws and regulations.

MRC units should get appropriate legal advice to ensure full compliance with all local laws and regulations. Many law firms provide pro bono services for addressing the legal needs of humanitarian activities.

Local Medical Reserve Corps unit officials are responsible for validating all volunteers' credentials, including their education and licensure. State licensing agencies, and others can assist with validation of credentials.

A few of the major U.S. health professional organizations are considering options for the verification of credentials of providers of care during emergency situations. Local officials may check the National Practitioners Data Bank for this information. A list of contact points for verification of licenses and credentials is provided in an appendix to this guide. This appendix will be updated as progress is made toward facilitation of the validation process.

Local and state officials may need the assistance of the Federation of State Medical Boards to develop procedures to allow doctors licensed in one jurisdiction to practice in another area, under defined emergency conditions. Mid-level providers may, as required by applicable state law(s), need approved protocols signed by the supervising physician.

The payment of licensing fees may be a

barrier to recruiting inactive health professionals, including physicians, nurses, dentists and pharmacists. Within each state, the state licensing boards set their own fee levels and require payment to practice in their state.

Local Medical Reserve Corps unit should consult their state licensing agencies to see if they may waive the fees.

### LEGAL AND LIABILITY ISSUES

In moving forward on MRC development, local planners/organizers should proceed as appropriate under current laws and regulations in their areas. The work of considering and identifying other options regarding liability coverage for MRC volunteers in communities is ongoing.

There are several legal issues associated with creating a Medical Reserve Corps unit, including:

#### ! **LIABILITY OF HEALTH CARE PERSONNEL**

Medical malpractice claims can arise in an emergency response setting. State law would govern malpractice claims against Medical Reserve Corps unit volunteers.

All states provide some legal protections for an individual who provides emergency medical care or assistance at the scene of an accident or other emergency. These statutes are commonly called "Good Samaritan Laws." A few states have even broader protections. The local MRC unit planners should consult an attorney familiar with its state laws to determine the protections available. A summary of relevant state statutes is provided in the Appendix of this guide.

! The Volunteer Protection Act

("VPA")(codified at 42 U.S.C. § 14501 *et. seq.*) provides qualified immunity from liability for volunteers and, subject to exceptions, preempts inconsistent state laws on the subject, except for those that provide protections that are stronger than those contained in the VPA.

The VPA defines a volunteer as "an individual performing services for a nonprofit organization or a governmental entity which does not receive compensation (other than reasonable reimbursement or allowance for expenses actually incurred); or any other thing of value in lieu of compensation, in excess of \$500 per year...." 42 U.S.C. § 14506(6).

Under the VPA, a volunteer of a nonprofit organization or governmental entity is immune from liability for harm caused by an act or omission of the volunteer on behalf of the organization or entity if: (1) the act or omission was within the scope of the volunteer's responsibilities in the organization or entity; (2) if required, the volunteer was properly licensed, certified, or authorized by the appropriate state authorities for the activities or practice giving rise to the claim; (3) the harm was not caused by "willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer," and (4) the harm was not caused by the volunteer's operation of a motor vehicle, vessel, aircraft, or other vehicle for which the state requires the operator to possess a license or maintain insurance. 42 U.S.C. § 14503(a).

The VPA is helpful because it provides a baseline of legal

protections amidst a wide variety of State laws. Nonetheless, because the VPA's protections are not absolute, each MRC unit should consult with an attorney for a more detailed analysis of the law's protections and limitations.

A number of health profession organizations as well as the U.S. Congress are examining the issue of appropriate liability protection for health providers during public health emergencies. The newly established MRC Web site and the MRC newsletter will provide information on developments related to this issue, as they occur.

#### ! **NON-MEDICAL LIABILITY**

Medical Reserve Corps unit volunteers may be subject to liability for acts not related to their professional activities, such as negligent motor vehicle operation during the course of responding to an emergency. The MRC unit leadership should ensure that the unit's volunteers have insurance for acts or omissions not protected by state laws.

Each MRC unit should consult an attorney on liability issues within the state where it is located.

#### ! **WORKERS COMPENSATION**

State laws differ on which persons are covered for workers compensation, however, the term "employee" generally is defined as any person who is under a contract of hire to another person or entity. Generally, a true employer-employee relationship does not exist in the absence of payment of consideration. This means that volunteers are usually excluded from coverage under state workers compensation laws.

Some state laws exclude charitable organizations from workers compensation coverage.

Local MRC unit leadership is strongly encouraged to consult an attorney familiar with their state's workers compensation laws.

### **PROVIDER CREDENTIALS**

All volunteers must have a license and/or certification to provide the type of health care for which they are volunteering, if they intend to provide care.

Volunteers should provide proof that they are appropriately licensed or certified to provide care in the state in which they will be providing emergency care.

Additional information on legal issues can be found at the following Web site maintained by the Federal Emergency Management Agency:

[www.training.fema.gov/EMIWeb/certLiab](http://www.training.fema.gov/EMIWeb/certLiab)

## EDUCATION AND TRAINING

There are numerous sources for education and training for emergency responders. These include (but are not limited to) the following:

- ! Federal agency Web sites such as:  
FEMA at [www.FEMA.gov](http://www.FEMA.gov)  
CDC at [www.CDC.gov](http://www.CDC.gov)  
NIH at [www.NIH.gov](http://www.NIH.gov)  
VA at [www.VA.gov](http://www.VA.gov)
- ! Fire and emergency rescue departments
- ! Local chapters of the American Red Cross
- ! Non-government agencies (e.g. American Red Cross., Salvation Army, faith-based groups)
- ! Academic institutions
- ! Emergency health and medical journals
- ! Professional organizations' specialized disaster/emergency training
- ! International organizations (e.g., World Health Organization, International Federation of the Red Cross)

Additional recommendations for education and training resources are found in the Appendix to this guide.

The local Medical Reserve Corps unit will decide on the necessary training to meet its community's needs.

Examples of possible training are listed in

the Volunteer Standards section. Information on training sources is provided in the Appendix.

### **VOLUNTEER SAFETY**

All volunteers should receive safety training that is appropriate to their function in the Medical Reserve Corps unit.

In addition, volunteers should be in good health and should have documentation that includes the results of a physical exam and an assessment of their safe activity level in order to ensure that they are assigned to duties that match their fitness level. All volunteers should have current immunizations, including tetanus, influenza, pneumococcus and hepatitis B.

### **MAINTAINING READINESS**

Regular training exercises are an essential element for ensuring readiness.

Being ready to respond in an emergency does not just happen – readiness requires planning, organization and practice.

Local Medical Reserve Corps units should have regular meetings and drills to ensure maximum emergency preparedness.

## OPPORTUNITIES FOR PROGRAM LINKAGES

The programs described below are currently supported by the U.S. Department of Health and Human Services and may provide assistance to local officials as they plan a Medical Reserve Corps unit.

### **METROPOLITAN MEDICAL RESPONSE SYSTEM**

- ! Develops response plans specific to each participating municipality or jurisdiction
- ! Creates integrated immediate response structures
- ! Creates additional local and regional support networks
- ! Brings together response systems of surrounding jurisdictions in the planning process to integrate response plan
- ! Encourages and initiates hospital response plans
- ! Coordinates between primary care providers and the public health community
- ! Encourages local health providers to develop appropriate treatment protocols

Current efforts are focused on:

- ! Immediate site-specific response capability
- ! Enhancing existing capabilities
- ! Developing overall systems plans
- ! Raising awareness about weapons of mass destruction, including development of specialized treatment protocols

The Metropolitan Medical Response Systems are at various stages of

development, and may differ in their capability to respond to mass casualties.

More information about the Metropolitan Medical Response System is available at [www.ndms.nmrs.dhhs.gov](http://www.ndms.nmrs.dhhs.gov)

### **COMMISSIONED CORPS READINESS FORCE**

This is a team of U.S. Public Health Service officers who can be mobilized in times of extraordinary need during a disaster or other public health emergency. The Commissioned Corps Readiness Force can assist federal agencies, state governments, international organizations, federally recognized Indian tribes and non-governmental organizations.

Assistance can be provided in response to:

- ! Public health challenges that exceed the capabilities of local, state or federal agencies in their legally mandated and funded operations
- ! Public health requirements under the Federal Response Plan for emergencies or during other declared emergencies
- ! Critical technical public health requirements outside the normal scope of activities of the Department of Health and Human Services
- ! Implementing the HHS Mass Immigration Plan

Additional information is available at [www.osophs.dhhs.gov/ccrf/whatis](http://www.osophs.dhhs.gov/ccrf/whatis)

## **BIOTERRORISM HEALTH PREPAREDNESS AND RESPONSE**

The Centers for Disease Control and Prevention is signing cooperative agreements with all 50 states, U.S. territories, and the nation's three largest municipalities to upgrade state and local public health jurisdictions' preparedness and response to bioterrorism, outbreaks of infectious disease and other public health threats and emergencies.

Examples of focus areas include:

- ! Emergency preparedness planning and readiness assessment
- ! Education and training
- ! Surveillance and epidemiology capacity
- ! Laboratory capacity
- ! Health alert network/communications and information technology
- ! Public education of health risks and health information

Additional information is available at [www.bt.cdc.gov/Planning](http://www.bt.cdc.gov/Planning)

## **BIOTERRORISM HOSPITAL PREPAREDNESS PROGRAM**

This program is supporting the development of regional plans to improve the ability of hospitals to respond to incidents that may require mass immunizations, treatment, isolation and quarantine in the wake of a bioterrorism attack or infectious disease outbreak.

Grants, awarded by the Health Resources and Services Administration

of HHS, are enabling the health care system to become better prepared to deal with non-terrorist related epidemics of disease.

Additional information is available at [www.hrsa.gov](http://www.hrsa.gov)

## **NATIONAL PHARMACEUTICAL STOCKPILE**

This is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, intravenous fluid administration, airway maintenance and other medical supplies.

The stockpile is designed to supplement and re-supply state and local public health agencies in the event of a biological or chemical terrorism incident anywhere, anytime, within the U.S. or its territories.

Additional information is available at [www.nps.cdc.gov](http://www.nps.cdc.gov)

## **OTHER RESOURCES**

Local officials may be able to obtain guidance from the following groups:

- ! State governments
- ! HHS Regional Offices
- ! HHS Office of Emergency Preparedness
- ! Centers for Disease Control
- ! Federal Emergency Management Agency
- ! Department of Veterans Affairs

A list of relevant agencies is included in the Appendix to this guide.



## CONCLUSION

We have experienced many changes as a nation since September 11, 2001. Our citizens are more aware of our vulnerabilities, more appreciative of the freedoms we are protecting and more understanding that we have a personal responsibility for the safety of our communities.

The Citizen Corps was created to engage all Americans in making communities safer and better prepared to respond to emergency situations and to support our communities' overall public health.

The Medical Reserve Corps, a key component of the Citizen Corps, creates an opportunity for local officials to harness their existing resources and work with other local communities and the state and federal government to ensure their community is better prepared for any emergency.

## APPENDIX

! HHS Regional Emergency  
Coordinators and Metropolitan Medical  
Response Systems Cities

The Appendix can be accessed, printed  
and downloaded at:

[www.medicalreservercorps.gov](http://www.medicalreservercorps.gov)

! Relevant Non-Government  
Organizations

! State “Good Samaritan” Laws

! Training and Education Resources

! Relevant Government Agencies

! Useful Web sites

! Glossary of Abbreviations, Acronyms  
and Terms